



Special Kids Connect

Referral Form for Services, Education, and Programs

REFERRING ORGANIZATION INFORMATION					
Referring Date:	Name of Person Making Referral:				
Type of Referral: <input type="checkbox"/> Community & Government Services <input type="checkbox"/> Early Start Services (ages 0-3) <input type="checkbox"/> Education/IEP Support <input type="checkbox"/> Recreation & Social Programs <input type="checkbox"/> Regional Center Services <input type="checkbox"/> Other: _____	Referring Organization: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Referring Org. Phone:</td> <td style="width: 50%; padding: 5px;">Referring Org. Fax:</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Referring Org. Email:</td> </tr> </table>	Referring Org. Phone:	Referring Org. Fax:	Referring Org. Email:	
Referring Org. Phone:	Referring Org. Fax:				
Referring Org. Email:					

CHILD & PARENT/GUARDIAN INFORMATION			
Child's First & Last Name:	Child's DOB:		
Diagnosis:	Regional Center UCI #:		
Parent/Guardian's First & Last Name:	Phone Number:		
Email:	Preferred Language:		
Address (Street, City, State, Zip):			
Is the family currently receiving any services Special Kids Connect should be aware of? (mark all that apply) <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Early Start / San Andreas Regional Center <input type="checkbox"/> Homeless Services <input type="checkbox"/> Special Education (IEP / 504 Plan) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Foster Care Youth Services <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Early Start / San Andreas Regional Center <input type="checkbox"/> Homeless Services <input type="checkbox"/> Special Education (IEP / 504 Plan)	<input type="checkbox"/> Foster Care Youth Services <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Other: _____
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The family is aware of and has agreed to this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No			

REFERRAL NOTES

Please email referral to info@specialkidsconnect.org or fax to (888) 780-9982.
 For more information, call (831) 372-2730.